Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Kim First name L Middle name	First name
	Bring your picture identification to your meeting with the trustee.	Alzheimer Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	,	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6207	

Debtor 1	Kim L Alzheimer	Case number (if known)	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		322 London Avenue #1 Egg Harbor City, NJ 08215	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Atlantic	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are				, see Notice Required by and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.
	choosing to file under	■ Cha	pter 7			
		☐ Cha	pter 11			
		☐ Cha	pter 12			
		☐ Cha	pter 13			
3.	How you will pay the fee	а 0	bout how yo	u may pay. Typically, if attorney is submitting y	you are paying the fee yo	k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or mone alf, your attorney may pay with a credit card or check witl
						n, sign and attach the Application for Individuals to Pay
			•	e in Installments (Official to the property of the second control	,	n only if you are filing for Chapter 7. By law, a judge may
		b a	ut is not rec pplies to yo	uired to, waive your fee ur family size and you a	, and may do so only if you re unable to pay the fee in	ur income is less than 150% of the official poverty line the installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition.
	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
			District		When	Case number
			District		When	Case number
			District		When	Case number
0.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business	■ No □ Yes.				
	partner, or by an affiliate?					
	annate:		Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
1.	Do you rent your	■ No.	Go to	ine 12.		
	residence?	☐ Yes.	Has yo	ur landlord obtained an	eviction judgment against	t you?
				No. Go to line 12.		
				Yes. Fill out <i>Initial State</i> this bankruptcy petition		Judgment Against You (Form 101A) and file it as part of

Debtor 1 Kim L Alzheimer

Deb	otor 1 Kim L Alzheimer				Case number (if known)
Par	Report About Any Bu	ısinesses	You Own	as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
	business:	☐ Yes.	Name	and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	e & ZIP Code
	it to this petition.		Check	the appropriate box	x to describe your business:
				Health Care Busin	less (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))
				None of the above	3
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	under Sub choosing to v statemer	chapter V so that it proceed under Sul	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	I am n	ot filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ing under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.	I am fi choos	ing under Chapter of to proceed under	11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	· Have Any	/ Hazardo	us Property or Any	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
	-				Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Der	Kim L Aizneimer			Case numb	
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	individual primarily for a pe	consumer debts? Consumer debts are defersonal, family, or household purpose."	fined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are debts vestment or through the operation of the business.	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busine	ss debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		. Do you estimate that after any exempt propavailable to distribute to unsecured creditors	perty is excluded and administrative expenses ?
	administrative expenses		■ No		
	are paid that funds will be available for		□Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	☐ 50-99		5 001-10,000	5 0,001-100,000
	one.	☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?		001 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
		_ ' '	001 - \$300,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t7: Sign Below				
For	you	I have ex	camined this petition, and I de	eclare under penalty of perjury that the infor	mation provided is true and correct.
				r 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I c	
				d not pay or agree to pay someone who is not the notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request	relief in accordance with the	e chapter of title 11, United States Code, spe	ecified in this petition.
		bankrupt and 357	cy case can result in fines up 1.	nt, concealing property, or obtaining money p to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Kim L A	L Alzheimer Alzheimer	Signature of Debte	or 2
		Signature	e of Debtor 1		
		Executed			
			MM / DD / YYYY	MN	M / DD / YYYY

Debtor 1 Kim L Alzheimer		Cas	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unit	ed States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	, ,		Pledge after an inquiry that the information in the
page	/s/ Brad J. Sadek, Esquire Signature of Attorney for Debtor	Date	September 2, 2020 MM / DD / YYYY
	Brad J. Sadek, Esquire		
	Sadek and Cooper Firm name		
	1315 Walnut Street Suite 502 Philadelphia, PA 19107		
	Number, Street, City, State & ZIP Code Contact phone 215-545-0008	Email address	brad@sadeklaw.com

90488 PA Bar number & State

Fill	in thi	s information to identify your	case:				
	otor 1	Kim L Alzheimer					
Dok	otor 2	First Name	Middle Name	Last Name			
	otor 2 use if, fi	ling) First Name	Middle Name	Last Name			
Unit	ted Sta	ates Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY			
	se num own)	nber				_	c if this is an
						amen	ded filing
∩f	ficis	al Form 106Sum					
		ary of Your Assets	and Liabilities ar	nd Certain Statistic	al Information		12/15
Be a	s con rmatio r origi	nplete and accurate as possik on. Fill out all of your schedul nal forms, you must fill out a Summarize Your Assets	ole. If two married people es first; then complete the	e are filing together, both are ne information on this form.	equally responsible for		
						Your a	ssets of what you own
1.	Sch 1a. (edule A/B: Property (Official Foopy line 55, Total real estate, f	orm 106A/B) rom Schedule A/B			\$	79,166.00
	1b. (Copy line 62, Total personal pro	perty, from Schedule A/B.			\$	37,009.14
	1c. C	Copy line 63, Total of all propert	y on Schedule A/B			\$	116,175.14
Par	t 2:	Summarize Your Liabilities					
						Your li	abilities
						Amoun	t you owe
2.		edule D: Creditors Who Have C Copy the total you listed in Colu			Part 1 of Schedule D	\$	98,386.00
3.	Sche 3a. 0	edule E/F: Creditors Who Have Copy the total claims from Part	Unsecured Claims (Official 1 (priority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E</i> /	/F	\$	0.00
	3b. (Copy the total claims from Part	2 (nonpriority unsecured of	claims) from line 6j of <i>Schedule</i>	e E/F	\$	65,100.00
					Your total liabilities	\$	163,486.00
Par	t 3:	Summarize Your Income and	l Expenses				
4.		edule I: Your Income (Official For your combined monthly income		ə I		\$	3,717.15
5.		edule J: Your Expenses (Officia y your monthly expenses from li	,			\$	3,715.00
Par	t 4:	Answer These Questions for	Administrative and Stat	istical Records			
6.		you filing for bankruptcy und No. You have nothing to report	•		form to the court with yo	ur other scl	nedules.
7.	■ Wha	Yes It kind of debt do you have?					
		Your debts are primarily con household purpose." 11 U.S.C				a personal	, family, or
		Your debts are not primarily the court with your other sched		ve nothing to report on this pa	rt of the form. Check this	s <i>box</i> and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,744.95

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	21,408.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	21,408.00

Fill in this info	rmation to identify your case and	this filing:		
Debtor 1	Kim L Alzheimer	-		
		ddle Name Last Name		
Debtor 2 Spouse, if filing)	First Name Mid	ddle Name Last Name		
Jnited States B	Bankruptcy Court for the: DISTRIC	CT OF NEW JERSEY		
Case number				☐ Check if this is ar
				amended filing
Official Fo	orm 106A/B			
_	le A/B: Property			12/15
formation. If monswer every que	ore space is needed, attach a separate estion.	ible. If two married people are filing together, both are sheet to this form. On the top of any additional pages Other Real Estate You Own or Have an Interest In		
_	art 2.			
Yes. Where	e is the property?	What is the property? Observe when the		
Yes. Where		What is the property? Check all that apply	Do not deduct secured of	elaims or exemptions. Put
Yes. Where 1.1 322 Lond #1	e is the property?	Single-family home Duplex or multi-unit building	the amount of any secur	claims or exemptions. Put ed claims on <i>Schedule D:</i> nims Secured by Property.
Yes. Where 1.1 322 Lond #1	e is the property?	Single-family home	the amount of any secur Creditors Who Have Cla	ed claims on Schedule D: nims Secured by Property.
Yes. Where 322 Long #1 Street address	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secur Creditors Who Have Cla Current value of the entire property?	ed claims on Schedule D: hims Secured by Property. Current value of the portion you own?
Yes. Where	don Avenue s, if available, or other description	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	the amount of any secur Creditors Who Have Class Current value of the entire property? \$79,166.00 Describe the nature of	Current value of the portion you own? \$79,166.00 your ownership interest
Yes. Where 322 Lonc #1 Street address	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	the amount of any secur Creditors Who Have Class Current value of the entire property? \$79,166.00 Describe the nature of	ed claims on Schedule D: hims Secured by Property. Current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or
Yes. Where 322 Lond #1 Street address Egg Hart City	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only	current value of the entire property? \$79,166.00 Describe the nature of (such as fee simple, te	ed claims on Schedule D: hims Secured by Property. Current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or
Yes. Where 322 Lonc #1 Street address	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	the amount of any secur Creditors Who Have Class Current value of the entire property? \$79,166.00 Describe the nature of (such as fee simple, te a life estate), if known.	ced claims on Schedule D: chims Secured by Property. Current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or
Yes. Where	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	the amount of any secur Creditors Who Have Classifications Who Have Cla	Current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or
Yes. Where 322 Long #1 Street address Egg Hark City Atlantic	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secur Creditors Who Have Classifications Who Have Cla	ced claims on Schedule D: chims Secured by Property. Current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or
Yes. Where 322 Long #1 Street address Egg Hark City Atlantic	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite	the amount of any secur Creditors Who Have Class Current value of the entire property? \$79,166.00 Describe the nature of (such as fee simple, te a life estate), if known. Check if this is co (see instructions) m, such as local	current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or
Yes. Where 322 Long #1 Street address Egg Hark City Atlantic	don Avenue s, if available, or other description bor City NJ 08215-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	the amount of any secur Creditors Who Have Class Current value of the entire property? \$79,166.00 Describe the nature of (such as fee simple, te a life estate), if known. Check if this is co (see instructions) m, such as local	current value of the portion you own? \$79,166.00 your ownership interest nancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Deb	tor 1 K	im L Alzheimer		Case number (if known)	
3. C a	ars, vans,	trucks, tractors, sport utility	vehicles, motorcycles		
п	No				
	Yes				
_	163				
3.1	Make:	Chevrolet	Who has an interest in the property? Check one		ed claims or exemptions. Put
0	Model:	Trax	Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2019	Debtor 2 only	Current value of the	
	Approxir	mate mileage: 10000	_	entire property?	portion you own?
	Other in	formation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$12,570.0 	\$12,570.00
Ex			and other recreational vehicles, other vehicles, watercraft, fishing vessels, snowmobiles, motorcycle		
	Yes				
5 A	dd the do	ollar value of the portion you have attached for Part 2. Wri	own for all of your entries from Part 2, including ite that number here	any entries for	\$12,570.00
Part	2: Doscri	be Your Personal and Household	d Itame		
			interest in any of the following items?		Current value of the
·		, , ,	g		portion you own? Do not deduct secured claims or exemptions.
E		goods and furnishings Major appliances, furniture, line	ens, china, kitchenware		
					\$4 500 00
		Used Person	al Household Goods and Furnishings		\$1,500.00
E	ectronics xamples: No Yes. De	Televisions and radios; audio, vincluding cell phones, cameras	video, stereo, and digital equipment; computers, prir s, media players, games	nters, scanners; music col	lections; electronic devices
		Used Person	al Electronics (Cellphone, TV, Computer)		\$500.00
E	xamples:	other collections, memorabilia,	gs, prints, or other artwork; books, pictures, or other collectibles	art objects; stamp, coin, o	r baseball card collections;
E		musical instruments	, and other hobby equipment; bicycles, pool tables, o	golf clubs, skis; canoes an	d kayaks; carpentry tools;
10. F	Firearms	:: Pistols, rifles, shotguns, amm	unition, and related equipment		

Debt	or 1	Kim L Alzheimer	Case number (if known)	
	l Yes.	Describe		
	lothe			
	Examµ I No	oles: Everyday clothes, furs, leather coa	tts, designer wear, shoes, accessories	
		Describe		
		Hood Darsonal Cl	lething.	\$500.00
		Used Personal CI	lottiing	
12. J	ewelr	у		
_	Exam _l I No	oles: Everyday jewelry, costume jewelry	r, engagement rings, wedding rings, heirloom jewelry, watches, gems, g	old, silver
		Describe		
				¢500.00
		Used Personal Co	ostume Jeweiry	\$500.00
13 N	lon-fa	rm animals		
	Exam	oles: Dogs, cats, birds, horses		
	No I Vac	Describe		
	iny ot No	ner personal and household items yo	ou did not already list, including any health aids you did not list	
		Give specific information		
			from Part 3, including any entries for pages you have attached	\$3,000.00
		scribe Your Financial Assets		
Do y	ou ov	vn or have any legal or equitable inte	rest in any of the following?	Current value of the portion you own?
				Do not deduct secured claims or exemptions.
16. C				
_	E <i>xam</i> µ I No	oles: Money you have in your wallet, in y	your home, in a safe deposit box, and on hand when you file your petition	n
	Yes			
			Cash on Hand	\$150.00
		its of money		
I	Exam		ial accounts; certificates of deposit; shares in credit unions, brokerage hacounts with the same institution, list each.	ouses, and other similar
	No	,	Institution name.	
•	Yes		Institution name:	
		17.1. Checking	Wells Fargo Bank ending 2163	\$1,049.74
		, mutual funds, or publicly traded sto		
_	<i>Exam</i> µ I _{No}	oles: Bond Tunds, investment accounts v	with brokerage firms, money market accounts	
		Institution or	issuer name:	
		ublicly traded stock and interests in i	ncorporated and unincorporated businesses, including an interes	t in an LLC, partnership, and
	l _{No}	VIII V		
	Yes.	Give specific information about them		

Schedule A/B: Property

	DIOI I KIM L AIZNEIMER			
	Name of e	ntity:	% of ownership:	
_	Government and corporate bonds and Negotiable instruments include personal Non-negotiable instruments are those y	al checks, cashiers' checks, prom	nissory notes, and money orders.	
	No ☐ Yes. Give specific information about the light of the			
_		ogh, 401(k), 403(b), thrift savings	s accounts, or other pension or profit-sharing	g plans
	□ No			
•	Yes. List each account separately. Type of account separately.	unt: Institution na	ame:	
		Thrift Savi	ings Plan	\$17,945.15
_	Security deposits and prepayments Your share of all unused deposits you h Examples: Agreements with landlords, No		inue service or use from a company tric, gas, water), telecommunications compa	nies, or others
[☐ Yes	Institution na	ame or individual:	
	Annuities (A contract for a periodic pay ■ No	ment of money to you, either for	life or for a number of years)	
	Yes Issuer name and o	description.		
	Interests in an education IRA, in an ac 26 U.S.C. §§ 530(b)(1), 529A(b), and 52		gram, or under a qualified state tuition pr	ogram.
	No			
I	☐ Yes Institution name a	nd description. Separately file the	e records of any interests.11 U.S.C. § 521(c):
	Trusts, equitable or future interests in ■ No	n property (other than anything	g listed in line 1), and rights or powers ex	ercisable for your benefit
I	☐ Yes. Give specific information about t	them		
	Patents, copyrights, trademarks, trad Examples: Internet domain names, web ■ No			
I	\square Yes. Give specific information about t	them		
_	Licenses, franchises, and other gene Examples: Building permits, exclusive li ■ No		holdings, liquor licenses, professional licen	ses
	☐ Yes. Give specific information about t	them		
Мо	ney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
_	Tax refunds owed to you □ No			
l	Yes. Give specific information about the	hem, including whether you alrea	ady filed the returns and the tax years	
		Anticipated 2020 Tax Ref	fund Federal	\$2,294.25

 \square Yes. Give specific information.....

Schedule A/B: Property

30.		ves you sability insurance payments, disability benefit oans you made to someone else	s, sick pay, vacation pay, workers' compe	nsation, Social Security
	☐ Yes. Give specific informat	ion		
31.	■ No □ Yes. Name the insurance co	ies or life insurance; health savings account (HS ompany of each policy and list its value. Company name:	A); credit, homeowner's, or renter's insurar Beneficiary:	nce Surrender or refund
		Company name.	Deficially.	value:
32.		t is due you from someone who has died a living trust, expect proceeds from a life insurtion	ance policy, or are currently entitled to rec	eive property because
33.		whether or not you have filed a lawsuit of yment disputes, insurance claims, or rights to		
34.		 uidated claims of every nature, including c	ounterclaims of the debtor and rights to	set off claims
	☐ Yes. Describe each claim			
35.	Any financial assets you did ■ No □ Yes. Give specific informat	•		
36	. Add the dollar value of all	of your entries from Part 4, including any er here		\$21,439.14
Pa	rt 5: Describe Any Business-Re	elated Property You Own or Have an Interest In. I	List any real estate in Part 1.	
		r equitable interest in any business-related prop	·	
	No. Go to Part 6.	equitable interest in any business-related prop	erty:	
ı	☐ Yes. Go to line 38.			
Pa	rt 6: Describe Any Farm- and Co	ommercial Fishing-Related Property You Own o st in farmland, list it in Part 1.	r Have an Interest In.	
46.	Do you own or have any leg No. Go to Part 7.	al or equitable interest in any farm- or cor	nmercial fishing-related property?	
	☐ Yes. Go to line 47.			
Pa	rt 7: Describe All Property	You Own or Have an Interest in That You Did No	ot List Above	
53.	Examples: Season tickets, co ■ No			
	☐ Yes. Give specific information	on		
54	. Add the dollar value of all	of your entries from Part 7. Write that num	ber here	\$0.00

Debtor 1

Kim L Alzheimer

Debtor 1 Kim L Alzheimer		Case number (if known)	
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$79,166.00
56. Part 2: Total vehicles, line 5	\$12,570.00		
57. Part 3: Total personal and household items, line 15	\$3,000.00		
58. Part 4: Total financial assets, line 36	\$21,439.14		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54 +	\$0.00		
62. Total personal property. Add lines 56 through 61	\$37,009.14	Copy personal property total	\$37,009.14
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$116.175.14

Debtor 1	Kim L Alzheimer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number				_ 0, 1,7,1,
(if known)				Check if this is an amended filing
Official Fo	orm 106C			
Jilibiai i k				
			Claim as Exempt	

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	Exempt				
1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	322 London Avenue #1 Egg Harbor	\$79,166.00		\$988.00	11 U.S.C. § 522(d)(1)	
	City, NJ 08215 Atlantic County Market Value \$79,166.00 minus 10% cost of sale = \$71,249.40 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
	Used Personal Household Goods and Furnishings	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
	Used Personal Electronics (Cellphone, TV, Computer)	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
	Used Personal Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
	Line from Scriedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit		
	Used Personal Costume Jewelry Line from Schedule A/B: 12.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)	
	Line Irom Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		

Debto	r1 Kim L Alzheimer			Case number (if known)				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
-	Cash on Hand ine from Schedule A/B: 16.1	\$150.00		\$150.00	11 U.S.C. § 522(d)(5)			
_	ane non schedule AVB. 10.1			100% of fair market value, up to any applicable statutory limit				
	Checking: Wells Fargo Bank ending	\$1,049.74		\$1,049.74	11 U.S.C. § 522(d)(5)			
	ine from Schedule A/B: 17.1		☐ 100% of fair market value, up to any applicable statutory limit					
	Thrift Savings Plan Line from Schedule A/B: 21.1	\$17,945.15		\$17,945.15	11 U.S.C. § 522(d)(12)			
_	ane non schedule AVB. 2111			100% of fair market value, up to any applicable statutory limit				
	Federal: Anticipated 2020 Tax Refund	\$2,294.25		\$2,294.25	11 U.S.C. § 522(d)(5)			
L	ane nom <i>Schedule PAB</i> . 20.1			100% of fair market value, up to any applicable statutory limit				
	Are you claiming a homestead exemption of Subject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covered	3 years after that for ca	ases fi	•	,			

No

Yes

Fill in this inform	nation to identify you	r casa:				
Debtor 1	Kim L Alzheime	Middle Name	Last Name		-	
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Bar	nkruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number						
(if known)					☐ Check	if this is an
					ameno	ded filing
	D: Creditors	Who Have Claims		<u> </u>		12/15
is needed, copy the number (if known).	e Additional Page, fill it o	out, number the entries, and attach it	to this form. O	n the top of any additio	nal pages, write your na	me and case
I. Do any creditors	have claims secured by	your property?				
☐ No. Check	this box and submit th	is form to the court with your other	r schedules. Yo	ou have nothing else t	to report on this form.	
Yes. Fill in	all of the information b	pelow.				
Part 1: List Al	II Secured Claims					
2. List all secured	claims. If a creditor has n	nore than one secured claim, list the cre	editor senarately	, Column A	Column B	Column C
for each claim. If m	ore than one creditor has	a particular claim, list the other creditor al order according to the creditor's name	rs in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 AmeriCre	dit/GM			#00.000.00	£40 570 00	#7 000 00
Financiai		Describe the property that secures		\$20,208.00	\$12,570.00	\$7,638.00
Creditor's Name	9	2019 Chevrolet Trax 10000 i	miles			
Attn: Bank	. ,	As of the date you file, the claim is:	Check all that			
Po Box 18		apply.				
	, TX 76096	Contingent				
Number, Street,	, City, State & Zip Code	Unliquidated				
Who owes the de	ebt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as	mortgage or sec	cured		
Debtor 2 only		car loan)				
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the	he debtors and another	☐ Judgment lien from a lawsuit	•			
☐ Check if this classification community de	aim relates to a	Other (including a right to offset)	Automobile	e		
	Opened 02/19 Last					
Date debt was incu		Last 4 digits of account num	ber 6571			

Debtor 1 Kim L Alz	heimer		Case number (if know	Case number (if known)				
First Name	Middle N	lame Last Name						
2.2 NewRez		Describe the property that secures the claim	im: \$78,178.0	0 \$79,166.00	\$0.00			
Attn: Bankrup 1100 Virginia I Suite 125 Fort Washingt 19034	Dr	322 London Avenue #1 Egg Harb City, NJ 08215 Atlantic County Market Value \$79,166.00 minus 10 cost of sale = \$71,249.40 As of the date you file, the claim is: Check a apply. ☐ Contingent	0%					
Number, Street, City, S	State & Zip Code	☐ Unliquidated☐ Disputed						
Who owes the debt?	Check one.	Nature of lien. Check all that apply.						
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mortgage car loan)	ge or secured					
☐ Debtor 1 and Debtor 2☐ At least one of the debtor 2☐ Debtor 1 and Debtor 2☐ Debtor 2☐ Debtor 1 and Debtor 2☐ D	,	☐ Statutory lien (such as tax lien, mechanic's ☐ Judgment lien from a lawsuit	s lien)					
☐ Check if this claim re community debt	elates to a	Other (including a right to offset) Mort	gage					
Date debt was incurred	Opened 10/16 Last Active 6/26/20	Last 4 digits of account number	6798					
Add the dollar value o	f your entries in C	Column A on this page. Write that number he	re: \$98	3,386.00				
If this is the last page Write that number here		the dollar value totals from all pages.	\$98	3,386.00				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in t	his information to identify your	case:					
Debtor	1 Kim L Alzheimer						
Debioi	First Name	Middle Name	Last Name				
Debtor :	2						
(Spouse if	f, filing) First Name	Middle Name	Last Name				
United S	States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY					
Case nu	umher						
(if known)					☐ Check if this is an		
					amended filing		
Officia	al Form 106E/F						
		/ha Haya Haaaayrad	Claima		40/4E		
	dule E/F: Creditors W				12/15 RIORITY claims. List the other party to		
left. Attac	ch the Continuation Page to this pag d case number (if known). —	ge. If you have no information to re			mber the entries in the boxes on the of any additional pages, write your		
Part 1:							
_	any creditors have priority unsecure	ed claims against you?					
	No. Go to Part 2.						
	es.						
Part 2:	List All of Your NONPRIORIT	TY Unsecured Claims					
	any creditors have nonpriority unse						
_			your other cohe	dulos			
	No. You have nothing to report in this p	oart. Submit this form to the court with	your other sche	dules.			
- \	Yes.						
unse	all of your nonpriority unsecured cleeured claim, list the creditor separatel one creditor holds a particular claim, l 2.	ly for each claim. For each claim listed	d, identify what ty	ype of claim it is. Do not list claim	is already included in Part 1. If more		
					Total claim		
4.1	Amex	Last 4 digits of acc	ount number	4293	\$587.00		
	Nonpriority Creditor's Name				<u>.</u>		
	Correspondence/Bankrupto	Cy When was the deb	4 ima	Opened 04/19 Last Ac	tive		
	Po Box 981540 El Paso, TX 79998	when was the dep	t incurred?	4/14/20			
-	Number Street City State Zip Code	As of the date you	file, the claim is	s: Check all that apply			
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent	☐ Contingent				
	Debtor 2 only	☐ Unliquidated	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	lacksquare At least one of the debtors and an	<u> </u>	RITY unsecured	l claim:			
	☐ Check if this claim is for a com						
	debt Is the claim subject to offset?	Obligations arising report as priority cla		ration agreement or divorce that	you did not		
	No	<u>-</u> ' ' '		g plans, and other similar debts			
		•	•	• •			
	☐ Yes	Other. Specify	Credit Card				

Debtor	1 Kim L Alzheimer	Case number (if known)					
4.2	Best Egg	Last 4 digits of account number	4281	\$14,393.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 1523 Concord Pike, Ste 201 Wilmington, DE 19803	When was the debt incurred?	Opened 8/16/19 Last Active 06/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	Debtor 1 only	Contingent					
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Unsecured					
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	1569	\$8,296.00			
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 07/18 Last Active 2/06/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	g plans, and other similar debts					
	☐ Yes	Other. Specify Credit Card	<u> </u>				
4.4	Capital One	Last 4 digits of account number	9083	\$3,244.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 10/16 Last Active 2/14/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	d claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Credit Card	I				

Debto	or 1 Kim L Alzheimer		Case number (if known)								
4.5	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	6857	\$1.00							
	Po Box 15369 Wilmington, DE 19850	When was the debt incurred?	Opened 05/04 Last Active 11/14								
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply								
	Debtor 1 only	☐ Contingent									
	Debtor 2 only										
	☐ Debtor 1 and Debtor 2 only	☐ Disputed									
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:								
	☐ Check if this claim is for a community	☐ Student loans									
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not								
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts								
	Yes	Other. Specify Credit Card	<u> </u>								
4.6	Citibank	Last 4 digits of account number	9557	\$6,873.00							
	Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034	When was the debt incurred?	Opened 05/17 Last Active 1/21/20								
	St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply								
	Debtor 1 only	☐ Contingent									
	Debtor 2 only	☐ Unliquidated									
	☐ Debtor 1 and Debtor 2 only	☐ Disputed									
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:								
	☐ Check if this claim is for a community	☐ Student loans									
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not								
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts								
	Yes	Other. Specify Credit Card	<u> </u>								
4.7	Citibank/The Home Depot	Last 4 digits of account number	4031	\$1,016.00							
	Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034	When was the debt incurred?	Opened 09/19 Last Active 02/20								
	St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply								
	Debtor 1 only	☐ Contingent									
	Debtor 2 only	☐ Unliquidated									
	☐ Debtor 1 and Debtor 2 only	☐ Disputed									
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured									
	☐ Check if this claim is for a community debt	☐ Student loans									
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims									
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts								
	Yes	■ Other. Specify Charge Acc	count								

Debtor	Kim L Alzheimer	Case number (if known)							
4.8	Fed Loan Serv Nonpriority Creditor's Name	Last 4 digits of account number	0002	\$19,912.00					
	Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 04/16 Last Active 7/01/20						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply						
	■ Debtor 1 only	☐ Contingent☐ Unliquidated							
	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	☐ Other. SpecifyEducationa	ıl						
4.9	Navient	Last 4 digits of account number	4466	\$1,496.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wiles Born DA 18773	When was the debt incurred?	Opened 08/07 Last Active 8/18/20						
	Wiles-Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	■ Debtor 1 only								
	□ Debtor 2 only □ Unliquidated □								
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	■ Student loans							
	debt Is the claim subject to offset?	report as priority claims							
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	☐ Other. SpecifyEducationa	ıl						
4.1	PNC Bank	Last 4 digits of account number	2172	\$4,696.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 94982: Mailstop Br-Yb58-01-5	When was the debt incurred?	Opened 11/19 Last Active 04/20						
	Cleveland, OH 44101 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	Debtor 1 and Debtor 2 only At least one of the debtors and another Type of NONPRIORITY unsecured claim:							
	☐ Debtor 1 and Debtor 2 only								
	\square At least one of the debtors and another								
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	<u></u>	naring plans, and other similar debts						
	Yes	Other Specify Credit Card	1						

1 Kim L Alzheimer		Case number (if known)	
Receivables Performance Mgmt	Last 4 digits of account number	2165	\$159.0
Nonpriority Creditor's Name Attn: Bankruptcy 20818 44th Ave. W, Suite 140	When was the debt incurred?	Opened 05/20	
Lynnwood, WA 98036 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Collection	Attorney Directv	
Synchrony Bank/Amazon	Last 4 digits of account number	4336	\$1,922.0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 11/17 Last Active 03/20	
Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Charge Acc	count	
Uplift, Inc.	Last 4 digits of account number	5494	\$514.0
Nonpriority Creditor's Name			•
Attn: Bankruptcy 801 El Camino Real	When was the debt incurred?	Opened 03/20 Last Active 07/20	
Menlo Park, CA 94025 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing		
□Yes	Other. Specify Unsecured		

4.	1
1	

.1	Wells Fargo Bank NA	Last 4 digits of account number	9653	\$1,991.00
	Nonpriority Creditor's Name			
	Attn: Bankruptcy		Opened 12/19 Last Active	
	1 Home Campus Mac X2303-01a	When was the debt incurred?	08/20	
	Des Moines, IA 50328			
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	Total Claim
Total	OI.	Student loans	OI.	\$ 21,408.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 43,692.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 65,100.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this infor	mation to identify your	case:		
Debtor 1	Kim L Alzheimer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERS	EY	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Fill in this	information to identify your	case:			
Debtor 1	Kim L Alzheimer				
D 1 / 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case numb	ner				
(if known)					☐ Check if this is an amended filing
Official	Form 106U			_	
	Form 106H	labtana			
Sched	ule H: Your Cod	lebtors			12/15
	and case number (if known			as a codebtor.	
■ No □ Yes					
2 With	nin the last 8 years, have yo	u lived in a community n	ronarty state or territor	v? (Community property	v states and territories include
	a, California, Idaho, Louisiana				states and territories include
■ No.	Go to line 3.				
☐ Yes.	. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only	if that person is a guaran	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
C	Column 1: Your codebtor			Column 2: The cre	ditor to whom you owe the debt
N	lame, Number, Street, City, State and Z	ZIP Code		Check all schedule	s that apply:
3.1				☐ Schedule D, line	•
<u> </u>	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	·
	Number Street	State	ZIP Code	_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	3
	Name			□ Schedule E/F, li	
				☐ Schedule G, line	
	Number Street			_	
C	City	State	ZIP Code		

-										
	in this information to identify your c									
Dei	otor 1 Kim L Alzhe	eimer			_					
1	otor 2 buse, if filing)				_					
Uni	ted States Bankruptcy Court for the	E DISTRICT OF NEW C	IERSEY		_					
Cas	se number					Check if t	his is:			
(If kr	nown)		-			☐ An an	nended	filing		
L									g postpetitior Illowing date	
0	fficial Form 106l					MM /	DD/ YY	YY		
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not inclu	ıde infori	nation	about you	ir spous	se. If mo	re space is	needed,
1.	Fill in your employment information.		Debtor 1			Del	btor 2 o	r non-fil	ing spouse	
	If you have more than one job,	Employment status	■ Employed				Employe	ed		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed				Not emp	oloyed		
	employers.	Occupation	Management							
	Include part-time, seasonal, or self-employed work.	Employer's name	United States P	ostal Se	ervice	<u> </u>				
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any lin	e, write \$0	in the sp	oace. Incl	lude your no	n-filing
-	u or your non-filing spouse have mees space, attach a separate sheet to		ombine the information	n for all e	employ	ers for that	person	on the lin	nes below. If	you need
					F	For Debtor		For Deb	otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	5,696	5.13	\$	N/A	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$_	C	0.00	+\$	N/A	-
4	Calculate gross Income. Add li	ne 2 + line 3		4	\$	5 696 1	2	\$	N/A	

Debt	or 1	Kim L Alzheimer			Case n	number (if known)			
					For I	Debtor 1		ebtor 2 or iling spouse	
	Cop	y line 4 here	4		\$	5,696.13	\$	N/A	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	614.73	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5	b.	\$	242.42	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5	c.	\$	330.57	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5	d.	\$	170.68	\$	N/A	_
	5e.	Insurance	5	e.	\$	431.27	\$	N/A	
	5f.	Domestic support obligations	5	f.	\$	0.00	\$	N/A	="
	5g.	Union dues	5	g.	\$	21.66	\$	N/A	_
	5h.	Other deductions. Specify: Allotment	5	h.+	\$	167.65	+ \$	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6	i.	\$	1,978.98	\$	N/A	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7	·.	\$	3,717.15	\$	N/A	_
	8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		a.	\$	0.00	\$	N/A	_
	8b.	Interest and dividends	8	b.	\$	0.00	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	ent						
		settlement, and property settlement.		c.	\$	0.00	. \$	N/A	_
	8d.	Unemployment compensation	8	d.	\$	0.00	\$	N/A	_
	8e.	Social Security	8	e.	\$	0.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		ıf.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8	g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8	h.+	* \$	0.00	+ \$	N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9	١.	\$	0.00	\$	N/A	A
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3	3,717.15 + \$		N/A = \$	3,717.1
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ĺ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0,11111
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are notify:	our dep			•		hedule J. 11. +\$	0.0
12.		the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Schedules and Statistical Summary of Ceies						12. \$	3,717.1

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

Combined monthly income

Fill	in this information to identify yo	our case:					
Deb	otor 1 Kim L Alzhe	imer			Chec	k if this is:	
Deb	otor 2				_	An amended filing A supplement show	ving postpetition chapter
(Spo	ouse, if filing)					13 expenses as of	
Unit	ed States Bankruptcy Court for the	: DISTRI	CT OF NEW JERSEY		Ī	MM / DD / YYYY	
	se number						
(If k	nown)						
\bigcirc	fficial Form 106J						
	chedule J: Your	Exper	1989				12/15
Be info	as complete and accurate as ormation. If more space is ne mber (if known). Answer ever	possible eded, atta	. If two married people ar				r supplying correct
Par 1.	t 1: Describe Your House Is this a joint case?	hold					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live	in a separ	ate household?				
	☐ No ☐ Yes. Debtor 2 mus	st file Offic	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debte	or 2.	
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and Debtor 2.	■ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the			5		_	□ No
	dependents names.			Daughter		5	■ Yes □ No
							☐ Yes
							□ No
							Yes
							□ No
3.	Do your expenses include	_					☐ Yes
Э.	expenses of people other to yourself and your depende	han _—	No Yes				
Est	t 2: Estimate Your Ongoi imate your expenses as of your expenses as of your expenses as of a date after the lolicable date.	our bankr	uptcy filing date unless y	ou are using this fo elemental <i>Schedule</i>	orm as a sup	oplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
the	lude expenses paid for with a value of such assistance an ficial Form 106I.)					Your expe	enses
4.	The rental or home owners payments and any rent for the		-	nclude first mortgage	e 4. \$		892.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner's	-			4b. \$		0.00
	4c. Home maintenance, re				4c. \$		50.00
F	4d. Homeowner's associate			mo oquity locat	4d. \$ 5. \$		0.00
5.	Additional mortgage paymo	ents for yo	our residence, such as no	me equity loans	5. \$		0.00

ebtor 1	Kim L Alzheimer	Case num	ber (if known)	
Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	150.00
6b.	Water, sewer, garbage collection	6b.	\$	140.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
6d.	Other. Specify:	6d.	\$	200.00
	· · · · · · · · · · · · · · · · · · ·		·	0.00
	d and housekeeping supplies	7.	\$	600.00
	dcare and children's education costs	8.	\$	700.00
Clot	hing, laundry, and dry cleaning	9.	\$	100.00
. Pers	sonal care products and services	10.	\$	125.00
. Med	ical and dental expenses	11.	\$	50.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	200.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	ritable contributions and religious donations	14.	\$	0.00
	rance.	14.	Ψ	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	•	0.00
	Health insurance		\$	
			·	0.00
	Vehicle insurance	15c.	\$	105.00
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	·	16.	\$	0.00
	allment or lease payments:		_	
	Car payments for Vehicle 1	17a.	·	353.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
. You	r payments of alimony, maintenance, and support that you did not report a			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I)). 18.	\$	0.00
. Oth	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
. Oth	er real property expenses not included in lines 4 or 5 of this form or on Sci	hedule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
		20 0 . 21.	·	
. Oth	er: Specify:		- φ	0.00
. Calo	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	3,715.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	Add line 22a and 22b. The result is your monthly expenses.		l :	2 745 00
220.	Aud into 22a and 22b. The result is your monthly expenses.		\$	3,715.00
. Calo	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,717.15
	Copy your monthly expenses from line 22c above.	23b.		3,715.00
	• •			
23c.	Subtract your monthly expenses from your monthly income.			0.45
	The result is your monthly net income.	23c.	\$	2.15
For e	you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage?			or decrease because of a
■ N	lo			
□Y	es. Explain here:			
ШY	es. Explain here:			

Fill in this inform	nation to identify your	case:			
Debtor 1	Kim L Alzheimer				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	DISTRICT OF NEW JER	SEY		
Case number _					
(if known)					☐ Check if this is an amended filing
Official Form Declarat	-	an Individual	Debtor's Sch	nedules	12/15
If two married pe	ople are filing togethe	er, both are equally respon	sible for supplying corre	ct information.	
obtaining money years, or both. 18					, concealing property, or imprisonment for up to 20
Did you pay	or agree to pay some	eone who is NOT an attorn	ney to help you fill out bar	nkruptcy forms?	
■ No					
☐ Yes. N	lame of person				y Petition Preparer's Notice, Signature (Official Form 119)
	ty of perjury, I declare true and correct.	that I have read the sumn	nary and schedules filed	with this declaration and	ı
X /s/ Kim	L Alzheimer		X		
	Alzheimer e of Debtor 1		Signature of De	ebtor 2	
Date S	September 2, 2020		Date		

Fil	l in this inforn	nation to identify you	r case:			
De	btor 1	Kim L Alzheime	r			
	h. (O	First Name	Middle Name	Last Name		
1 -	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bai	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Ca	se number					
(if k	nown)				_	Check if this is an mended filing
_						
	fficial Fo					
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
info	rmation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you	
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	☐ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	_		•	•		
	■ No □ Yes. Lis	t all of the places you l	lived in the last 3 years. Do no	ot include where you live now	ı.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory	
	-	·			•	,
	■ No □ Yes. Ma	ike sure vou fill out <i>Sci</i>	hedule H: Your Codebtors (Ot	fficial Form 106H).		
			(0)	,		
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	mployment or from operating understood in the control of the contr	all businesses, including part-		ndar years?
	□ No					
		in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$44,184.02	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Kim L Alzheimer								Case number (if known)				
					Debtor 1					Debtor 2		
					Sources	of income that apply.	(bef	oss income fore deduction clusions)	ns and	Sources of ind Check all that a		Gross income (before deductions and exclusions)
			dar year: December	31, 2019)	■ Wages, commissions, bonuses, tips \$57,104.00			☐ Wages, commissions, bonuses, tips				
					☐ Opera	ting a business				☐ Operating a	business	
			dar year be December		■ Wages bonuses,	s, commissions, tips		\$55,0	067.00	☐ Wages, combonuses, tips	nmissions,	
					☐ Opera	ting a business				☐ Operating a	business	
	winnir	ngs. Ì ach s No	f you are fili	ng a joint cas	e and you l	ental income; inte have income that ach source separa	you rec	ceived togethe	er, list it o	nly once under D	ebtor 1.	d gambling and lottery
					Debtor 1					Debtor 2		
						of income below.	eac (bef	oss income fr ch source fore deduction clusions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
Pai	rt 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for	Bankrı	uptcy				
6.	_	ither No.	Neither De individual puring the No.	ebtor 1 nor Do orimarily for a 90 days befor Go to line 7. List below e paid that cre not include p	ebtor 2 ha personal, f re you filed ach credito editor. Do no payments t	amily, or househor for bankruptcy, do not to whom you pa	umer dold purp lid you p nid a tota nts for a this ban	lebts. Consur pose." pay any credit al of \$6,825* of domestic supp nkruptcy case.	tor a total or more in	of \$6,825* or mone or more parations, such as cl	ore? yments and the	1(8) as "incurred by an ne total amount you nd alimony. Also, do
		Yes.	Debtor 1 c	r Debtor 2 oı	r both have	e primarily cons for bankruptcy, d	umer d	lebts.			•	
			■ No.	Go to line 7.								
			□ Yes	List below e	ach credito nents for d							t creditor. Do not nclude payments to an
	Cred	litor'	s Name and	l Address		Dates of payme	ent	Total am	ount paid	Amount you still owe	Was this p	payment for

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partne more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for			
	No								
	☐ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment			
8.	Within 1 year before you filed for bankruptoinsider?	cy, did you make any payr	nents or transfer a	iny property on a	count of a de	ebt that benefited an			
	Include payments on debts guaranteed or cos	igned by an insider.							
	■ No								
	☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name			
Pai	rt 4: Identify Legal Actions, Repossession	s and Foreclosures	•						
Та	identify Legal Actions, Repossession	is, and i oreclosures							
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.								
	■ No □ Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of th	e case			
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.								
	No. Go to line 11.								
	Yes. Fill in the information below.	December the December		Data		Value of the			
	Creditor Name and Address	Describe the Property Explain what happened		Date		Value of the property			
44	Within 00 days before you filed for hondry		udina o honk or fir	anaial inatitutian	act off any a	maunta fram vaur			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?								
	No								
	☐ Yes. Fill in the details.								
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount			
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a		rty in the possess	ion of an assigne	e for the bene	efit of creditors, a			
	■ No								
	☐ Yes								
Pa	rt 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankrup ■ No	tcy, did you give any gifts	with a total value	of more than \$60	0 per person?	?			
	☐ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	s you gave ifts	Value			
	Person to Whom You Gave the Gift and Address:								

Debtor 1 Kim L Alzheimer

14.	Within 2 years before you filed for bank ■ No Vec Fill in the details for each sift or			s with a tota	l value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total	Describe what you contributed		Dates you contributed	Value
D		<i>ac,</i>				
Pai	tt 6: List Certain Losses					
15.	Within 1 year before you filed for bankr or gambling?	uptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and	Descr	ibe any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.				loss	lost
Pai	t 7: List Certain Payments or Transfe	rs				
	Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not		Description and value of any proptransferred		Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not Sadek and Cooper	You	Attorney Fees and Costs		First	\$2,300.00
	1315 Walnut Street Suite 502 Philadelphia, PA 19107 brad@sadeklaw.com		Attorney rees and costs		Payment: June 18, 2020 Final Payment: August 24, 2020	\$2,300.00
17.	Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer that No	editors o	or to make payments to your creditor		or transfer any proper	rty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second in the course of th	ur busir rs made	ness or financial affairs? as security (such as the granting of a se			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you					

Debtor 1 Kim L Alzheimer

Debtor 1 Kim L Alzheimer Case number (if known)

19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 					
	Name of trust	Description and v	alue of the pro	operty trans	sferred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and S	torage Uni	ts	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	, were any financial ac	counts or inst	ruments he	eld in your name, or for y	our benefit, closed,
	Include checking, savings, money market, or houses, pension funds, cooperatives, associa ■ No □ Yes. Fill in the details.				it; shares in banks, credi	t unions, brokerage
	Name of Financial Institution and	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, a	any safe de	posit box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within	1 year befo	re you filed for bankrupto	cy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for	or Someone Else				
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	ude any prope	rty you bor	rowed from, are storing t	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Par	10: Give Details About Environmental Infor	mation				
For	he purpose of Part 10, the following definition	ns apply:				
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these s	e air, land, soil, surface	e water, groun			
	Site means any location, facility, or property a to own, operate, or utilize it, including dispos	•	environmental	law, wheth	ner you now own, operate	e, or utilize it or used
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.					

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Kim L Alzheimer Case number (if known)

24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State a ZIP Code)	ınd	Environmental law, if you know it	Date of notice	
25. Have you notified any governmental unit of any release of hazardous material?								
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State a ZIP Code)	ınd	Environmental law, if you know it	Date of notice	
26.	Hav	ve you been a party in any judicial or adr	minis	strative proceeding under any en	viron	mental law? Include settlements a	nd orders.	
		No Yes. Fill in the details.						
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case	
Par	t 11:	Give Details About Your Business or	Con	nections to Any Business				
27.	Wit	hin 4 years before you filed for bankrup	tcy, c	did you own a business or have a	any o	f the following connections to any	business?	
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
		☐ An officer, director, or managing ex	cecut	tive of a corporation				
		☐ An owner of at least 5% of the votin	ng or	equity securities of a corporation	n			
	■ No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fill	l in tl	he details below for each busines	ss.			
		siness Name dress	De	scribe the nature of the business	Employer Identification numl Do not include Social Securi			
	(Nu	mber, Street, City, State and ZIP Code)	Na	me of accountant or bookkeeper		Dates business existed		
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include al institutions, creditors, or other parties.				de all financial				
		No Yes. Fill in the details below.						
	Ad	me Idress mber, Street, City, State and ZIP Code)	Da	te Issued				

Debtor 1 Kim L Alzheimer	Case numb	DET (if known)
Part 12: Sign Below		
are true and correct. I understand that make	of Financial Affairs and any attachments, and I declare ing a false statement, concealing property, or obtaining up to \$250,000, or imprisonment for up to 20 years, or b	g money or property by fraud in connection
/s/ Kim L Alzheimer		
Kim L Alzheimer Signature of Debtor 1	Signature of Debtor 2	
Date September 2, 2020	Date	
Did you attach additional pages to <i>Your St</i> ■ No □ Yes	atement of Financial Affairs for Individuals Filing for Ba	ankruptcy (Official Form 107)?
Did you pay or agree to pay someone who	is not an attorney to help you fill out bankruptcy forms	?
N.		

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

			_
Fill in this inform	nation to identify your case:		
Debtor 1	Kim L Alzheimer		
	First Name Middle Na	me Last Name	
Debtor 2 (Spouse if, filing)	First Name Middle Na	ime Last Name	
	plesuptous Court for the DISTRICT C	OF NEW JERSEY	
United States Bar	nkruptcy Court for the: DISTRICT C	FINEW JERSET	
Case number		_	— 0
(if known)			☐ Check if this is an amended filing
			, amondod ming
00000	400		
Official Fo		_	
Statemen	<u>it of Intention for In</u>	dividuals Filing Under Chapto	er 7 12/15
	vidual filing under chapter 7, you mu		
_	claims secured by your property, o		
	ed personal property and the lease I s form with the court within 30 days	after you file your bankruptcy petition or by the date s	et for the meeting of creditors,
whiche	ver is earlier, unless the court exten	ds the time for cause. You must also send copies to th	
on the f	Orm		
	ople are filing together in a joint cas d date the form.	e, both are equally responsible for supplying correct in	nformation. Both debtors must
· ·			
	nd accurate as possible. If more spa our name and case number (if know	ace is needed, attach a separate sheet to this form. On	the top of any additional pages,
	an name and dade name (in mon-	·,·	
Part 1: List Yo	our Creditors Who Have Secured Cla	ims	
1. For any credito	ors that you listed in Part 1 of Sched	ule D: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
information be	low. ditor and the property that is collatera	What do you intend to do with the property tha	t Did you claim the property
incining income	and and property man to conduct	secures a debt?	as exempt on Schedule C?
Creditor's A	meriCredit/GM Financial	☐ Surrender the property.	□No
name:		☐ Retain the property and redeem it.	— 110
Description of	2040 Chavealat Trav 40000	☐ Retain the property and enter into a	Yes
property	2019 Chevrolet Trax 10000 miles	Reaffirmation Agreement.	
securing debt:		Retain the property and [explain]: Retain collateral and continue to make	
		payments	
Creditor's No	ewRez	□ O many depths are a fi	Пм
name:	ewkez	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
		Retain the property and enter into a	■ Yes
Description of	322 London Avenue #1 Egg	Reaffirmation Agreement.	
property	Harbor City, NJ 08215 Atlantic County	- Retain the property and [explain].	
securing debt:	Market Value \$79,166.00 minus	Retain collateral and continue to make	
	10% cost of sale = \$71,249.40	payments	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debto	or 1 _	Kim L Alzheimer	Case number (if known)	
Desci	ribe y	our unexpired personal property lease	s	Will the lease be assumed?
	or's na			□ No
Prope		of leased		☐ Yes
	or's na	me: of leased		□ No
Prope	•	oriodoca		☐ Yes
	or's na	me: of leased		□ No
Prope		0.100000		☐ Yes
	or's na	me: of leased		□ No
Prope		or roused		☐ Yes
	or's na	me: of leased		□ No
Prope		or roused		☐ Yes
	or's na	me: of leased		□ No
Prope		or reased		☐ Yes
Lesso		me: of leased		□ No
Prope		0.100000		☐ Yes
Part 3	3: S	ign Below		
Under prope	pena	lty of perjury, I declare that I have indic at is subject to an unexpired lease.	cated my intention about any property of my estate that sec	ures a debt and any personal
-		m L Alzheimer	x	
		. Alzheimer ure of Debtor 1	Signature of Debtor 2	
[Date	September 2, 2020	Date	

Fill i	n this information to identify your case:		Ch	neck one	e box only as d	irected in this form and	d in Form
Deb	tor 1 Kim L Alzheimer			2A-1Su			
1	tor 2			■ 1. Ti	nere is no presi	umption of abuse	
` '	ed States Bankruptcy Court for the: District of New Jer	sey		а	pplies will be m	o determine if a presurnade under <i>Chapter 7</i>	
Cas (if kno	e number _{pwn)}			□ 3. TI	ne Means Test	cial Form 122A-2). does not apply now be service but it could ap	
						n amended filing	ppry later.
Off	icial Form 122A - 1			— 0.10	70K II 11113 13 U	ir amenaca ming	
	apter 7 Statement of Your Cur	rent Mo	nthly Inc	come	ž		04/20
attacl case	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wnumber (if known). If you believe that you are exempted froitying military service, complete and file Statement of Exempted 1: Calculate Your Current Monthly Income	hich the additio m a presumption	nal information a of abuse becau	applies. ise you	On the top of ar	ny additional pages, writ narily consumer debts o	te your name and or because of
	What is your marital and filing status? Check one on	lv					
	■ Not married. Fill out Column A, lines 2-11.	.,.					
	☐ Married and your spouse is filing with you. Fill ou	it both Columns	s A and B. lines	2-11.			
	☐ Married and your spouse is NOT filing with you.						
	☐ Living in the same household and are not lega	lly separated.	Fill out both Co	olumns /	A and B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are left living apart for reasons that do not include evading.	egally separate	d under nonbar	nkruptcy	law that applie	es or that you and your	
10 th	II in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that p	onth period would by 6. Fill in the re	d be March 1 thro sult. Do not inclu	ugh Aug de any ir	ust 31. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Colum Debto		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commissi	ons (before all	\$	5,744.95	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regula I, your depende	r contributions ents, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession,						
			otor 1				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00					
	Ordinary and necessary operating expenses Net monthly income from a business, profession, or fari		Copy here ->	. \$	0.00	\$	
6.	Net income from rental and other real property	ПФ		*		<u> </u>	
0.	The same state and other roat property	Del	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00			_		
	Net monthly income from rental or other real property	\$0.00	Copy here ->		0.00	\$	
7.	Interest, dividends, and royalties			\$	0.00	\$	

7. Interest, dividends, and royalties

Debtor 1	Kim L Alzheimer			Case number	(if known)			
				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8. L	Inemployment compensation			\$	0.00	\$	•	
	o not enter the amount if you contend that the amoun ne Social Security Act. Instead, list it here:	t received was a benefit	under	·		· 		
	For you \$ For your spouse \$	0.0	0					
	For your spouse \$	3						
b n d d	ension or retirement income. Do not include any are enefit under the Social Security Act. Also, except as so tinclude any compensation, pension, pay, annuity, contited States Government in connection with a disability is ability, or death of a member of the uniformed service ay paid under chapter 61 of title 10, then include that oes not exceed the amount of retired pay to which you retired under any provision of title 10 other than chap	stated in the next senten or allowance paid by the ty, combat-related injury ces. If you received any pay only to the extent the u would otherwise be en	ce, do or retired at it	\$	0.00	\$		
и о о о	ncome from all other sources not listed above. Spon to not include any benefits received under the Social Stander the Federal law relating to the national emergent nder the National Emergencies Act (50 U.S.C. 1601 et oronavirus disease 2019 (COVID-19); payments receive, a crime against humanity, or international or dorompensation pension, pay, annuity, or allowance pair overnment in connection with a disability, combat-releath of a member of the uniformed services. If necesse parate page and put the total below.	Security Act; payments recy declared by the Presiet seq.) with respect to the ived as a victim of a warmestic terrorism; or d by the United States ated injury or disability, or	made dent ne					
	·			\$	0.00	\$		
			_	\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
	calculate your total current monthly income. Add line ach column. Then add the total for Column A to the to		\$	5,744.95	+ _		Total of income	5,744.95
Part 2	Determine Whether the Means Test Applies t	to You					mcom	
12. C	calculate your current monthly income for the year	Follow these steps:						
	2a. Copy your total current monthly income from line			Сору	line 11 h	ere=>	\$	5,744.95
	Multiply by 12 (the number of months in a year)						X	
1	2b. The result is your annual income for this part of th	e form				12b	. \$	68,939.40
13. C	calculate the median family income that applies to	you. Follow these steps	s:					
F	ill in the state in which you live.	NJ						
F	ill in the number of people in your household.	2						
Т	ill in the median family income for your state and size of find a list of applicable median income amounts, go or this form. This list may also be available at the bank	online using the link spe	ecified i	n the separa	te instruct	13. ions	\$	83,739.00
14. F	low do the lines compare?							
1	 4a. ■ Line 12b is less than or equal to line 13. C Go to Part 3. Do NOT fill out or file Official 4b. □ Line 12b is more than line 13. On the top of the company of the	Form 122A-2.						22A-2.
Part 3	•	, that the information of	this =+-	tomont c==!	0 001 -41 -	ohmonto != 1	110 00 -l -	orroot
	By signing here, I declare under penalty of perjury	r that the information on	tnis sta	tement and i	n any atta	cnments is tr	ue and c	orrect.
	X /s/ Kim L Alzheimer							
	Kim L Alzheimer							

Debtor 1	Kim L Alzheimer	Case number (if known)	
	Signature of Debtor 1		
Da	September 2, 2020 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you chacked line 14h, fill out Form 122A, 2 and file it with this form		

Debtor 1	Kim L Alzheimer	Case number (if known)	
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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2020 to 08/31/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: USPS

Income by Month:

6 Months Ago:	03/2020	\$5,022.54
5 Months Ago:	04/2020	\$5,021.28
4 Months Ago:	05/2020	\$7,665.20
3 Months Ago:	06/2020	\$5,110.14
2 Months Ago:	07/2020	\$5,825.26
Last Month:	08/2020	\$5,825.26
	Average per month:	\$5,744.95

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$24	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$33	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of New Jersey

In r	E Kim L Alzheimer	<i>j</i>	Case No.				
111 1	TAIL E ALEIGHIGI	Debtor(s)	Chapter	7			
1.	DISCLOSURE OF COMPEN Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(
	compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	to me, for services re					
	For legal services, I have agreed to accept			2,300.00			
	Prior to the filing of this statement I have received			2,300.00			
	Balance Due		\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	abers and associates of	f my law firm.		
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name				aw firm. A		
5.	In return for the above-disclosed fee, I have agreed to ret	nder legal service for all aspects	s of the bankruptcy	case, including:			
 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 							
6.	By agreement with the debtor(s), the above-disclosed fee	does not include the following	service:				
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	payment to me for i	representation of the d	ebtor(s) in		
,	September 2, 2020	/s/ Brad J. Sadek,	Esquire				
Date		Brad J. Sadek, Es Signature of Attorne	Brad J. Sadek, Esquire				
		Sadek and Coope					
		1315 Walnut Stree Suite 502	et				
		Philadelphia, PA	19107				
		215-545-0008 Fa	x: 215-545-0611				
		brad@sadeklaw.c	om				
		ivame oj iaw jirm					

United States Bankruptcy Court District of New Jersey

In re	Kim L Alzheimer		Case No.	
		Debtor(s)	Chapter	7
	VERI	FICATION OF CREDITOR M	ATRIX	
The abo	ove-named Debtor hereby verifies t	that the attached list of creditors is true and corr	rect to the best	of his/her knowledge.
Date:	September 2, 2020	/s/ Kim L Alzheimer		
		Kim L Alzheimer		
		Signature of Debtor		

AmeriCredit/GM Financial Attn: Bankruptcy Po Box 183853 Arlington, TX 76096

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Best Egg Attn: Bankruptcy 1523 Concord Pike, Ste 201 Wilmington, DE 19803

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Po Box 15369 Wilmington, DE 19850

Citibank Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179

Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179

Fed Loan Serv Pob 60610 Harrisburg, PA 17106

Navient Attn: Bankruptcy Po Box 9640 Wiles-Barr, PA 18773 NewRez

Attn: Bankruptcy 1100 Virginia Dr Suite 125 Fort Washington, PA 19034

PNC Bank

Attn: Bankruptcy

Po Box 94982: Mailstop Br-Yb58-01-5

Cleveland, OH 44101

Receivables Performance Mgmt Attn: Bankruptcy 20818 44th Ave. W, Suite 140 Lynnwood, WA 98036

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Uplift, Inc. Attn: Bankruptcy 801 El Camino Real Menlo Park, CA 94025

Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus Mac X2303-01a Des Moines, IA 50328